

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or a joint inventor (if plural names are listed below) of the invention entitled

COMBINATION THERAPY FOR CONDITIONS LEADING TO BONE LOSS

which is described and claimed in the specification which:

- ☒ is attached hereto.
☐ was filed on _____
as Application Serial No. _____
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS
08/577,788	December 22, 1995	Pending
08/706,945	September 3, 1996	Pending
09/350,670	July 9, 1999	Pending
09/457,647	December 9, 1999	Pending

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Steven M. Odre (Reg. No. 29,094), Ron K. Levy (Reg. No. 31,539), Matthew W. Knight (Reg. No. 36,846), Scott N. Bernstein (Reg. No. 38,827), Joe W. Bullock (Reg. No. 37,103), Robert R. Cook (Reg. No. 31,602), Monique L. Cordray (Reg. No. 34,802), Craig A. Crandall (Reg. No. 38,416), Daniel R. Curry (Reg. No. 32,727), Joan D. Eggert (Reg. No. 32,980), Timothy J. Gaul (Reg. No. 33,111), Richard J. Mazza (Reg. No. 27,657), Karen L. Nicastro (Reg. No. 35,968), Nancy A. Oleski (Reg. No. 34,688), Karol M. Pessin (Reg. No. 34,899), Frank S. Ungemach (Reg. No. 34,449), Stuart L. Watt (Reg. No. 32,511), Wendy A. Whiteford (Reg. No. 36,964), Robert B. Winter (Reg. No. 34,458), Thomas D. Zindrick (Reg. No. 32,185), said attorney(s)/agent(s) to have in addition full power of revocation, including the power to revoke any power herein granted.

09613591.071000

DECLARATION AND POWER OF ATTORNEY (cont'd)

Please send all future correspondence to:

U.S. Patent Operations/ TJG
 Dept. 430, M/S 27-4-A
 AMGEN INC.
 One Amgen Center Drive
 Thousand Oaks, California 91320-1799

Direct Telephone Calls To:

Timothy J. Gaul
 Attorney for Applicant
 Registration No.: 33,111
 Phone: (805) 447- 2688

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole
 or First Inventor:

William J. Boyle

Inventor's Signature: _____

Date: _____

Residence and
 Post Office Address:

11678 Chestnut Ridge Street
Moorpark, California 93021, United States

(Address, City, State, Zip Code, Country)

Citizenship:

US Citizen

Full Name of Second
 Joint Inventor, if Any:

David Lee Lacey

Inventor's Signature: _____

Date: _____

Residence and
 Post Office Address:

614 Paseo Vista
Newbury Park, California 91320, United States

(Address, City, State, Zip Code, Country)

Citizenship:

US Citizen

Full Name of Third
 Joint Inventor, if Any:

Frank J. Calzone

Inventor's Signature: _____

Date: _____

Residence and
 Post Office Address:

841 Pine Crest Circle
Westlake Village, California 91361, United States

(Address, City, State, Zip Code, Country)

09613591-071000

DECLARATION AND POWER OF ATTORNEY (cont'd)Citizenship: US CitizenFull Name of Fourth
Joint Inventor, if Any: Ming-Shi Chang

Inventor's Signature: _____ Date: _____

Residence and
Post Office Address: 3rd Floor, No. 58 Tong-Ning Road
Tainan, Taiwan
(Address, City, State, Zip Code, Country)Citizenship: US CitizenFull Name of Fourth
Joint Inventor, if Any: Giorgio Senaldi

Inventor's Signature: _____ Date: _____

Residence and
Post Office Address: 2846 White Ridge Place
Thousand Oaks, California 91362, United States
(Address, City, State, Zip Code, Country)Citizenship: Italy Citizen